



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

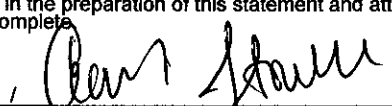
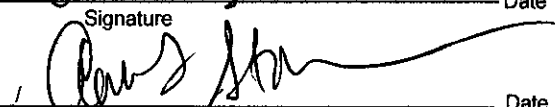
FILED

CANDIDATE COMMITTEE
COVER PAGE

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FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 0013677550		3. This Statement covers From: <u>1/1/07</u> to <u>12/31/07</u>	
2. Committee Name Taxpayers for Aaron Stowell		4. Candidate Last Name First Name M.I. Stowell Aaron F	
5. Committee's Mailing Address 4619 Bloomfield Drive Sterling Heights, MI 48310 Area Code and Phone <u>(586) 979-6723</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		4a. Office Sought Including District # or Community Served (If applicable) 4b. County of Residence	
6. Treasurer's Name & Residential Address Aaron Stowell (see #5) Area Code & Phone _____		7. Treasurer's Business Address Area Code and Phone _____	
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____		9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____	
9c. <input checked="" type="checkbox"/> Annual Statement (<u>2007</u> Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper Aaron Stowell Type or Print Name		Signature  Date <u>1/29/07</u>	
Candidate Aaron Stowell Type or Print Name		Signature  Date <u>1/29/07</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 0013977550

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name TAXPAYERS FOR AARON STEWELL

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$		(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$		(20.) \$
4. Other Receipts (Schedule 1A -1, Column 6)			
(4.) \$			
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)			
(5.) \$			
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)			
(6.) \$			(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)			
(7.) \$			(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)			
(9.) \$			(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)			
(11.) \$			(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	\$3,050.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)			
(13.) \$		\$0.00	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)			
(14.) + \$		\$0.00	
15. SUBTOTAL Add lines 13 and 14			
(15.) = \$		\$0.00	
16. Amount expended during reporting period (Add lines 9 and 11)			
(16.) - \$		\$0.00	
17. ENDING BALANCE (Subtract line 16 from line 15)			
(17.) \$		\$0.00	*



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 0013677550
2. Committee Name Taxpayers for Aaron Stowell

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Direct Mailers 35518 Mound Road Sterling Heights, MI 48310	4. Type: <u>Mailing</u> 5. <u>Date Debt Was Incurred:</u> <u>11/02/02</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3050.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>3050.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$3,050.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.